

**FEE TRANSMITTAL**  
For FY 2008

TOTAL AMOUNT OF PAYMENT	(\$)	210.00
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Application Number	10/826,489-Conf. #1356
Filing Date	April 16, 2004
First Named Inventor	Allen L. D'ambra
Examiner Name	H. D. Wilkins
Art Unit	1795
Attorney Docket No.	APPM008303/ECP/ECP/MDG

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account    Deposit Account Number: 50-1074    Deposit Account Name: Applied Materials, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17.    ☒ Credit any overpayments

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

### Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 =	x	=		<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
4 -3 =	1 x	210.00 =	210.00	
HP = highest number of independent claims paid for, if greater than 3.				

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge):

SUBMITTED BY			
Signature	<i>Robert W. Mulcahy</i>	Registration No. (Attorney/Agent)	25,436
Name (Print/Type)	Robert W. Mulcahy	Telephone	(713) 623-4844
		Date	September 10, 2008

Dated: 9/10/08 Signature:  (Keith M. Tackett)

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PTO/SB/17 (10-07)

Effective on 12/06/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005.

# **FEE TRANSMITTAL** For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 210.00

## **Complete if Known**

Application Number 10/826,489-Conf. #1356  
Filing Date April 16, 2004  
First Named Inventor Allen L. D'ambra  
Examiner Name H. D. Wilkins  
Art Unit 1795  
Attorney Docket No. APPM/008303/ECP/ECP/MDG

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 50-1074 Deposit Account Name: Applied Materials, Inc.  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
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Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

### **2. EXCESS CLAIM FEES**

**Fee Description** **Fee (\$)** **Small Entity Fee (\$)**  
Each claim over 20 (including Reissues) 50 25  
Each independent claim over 3 (including Reissues) 210 105  
Multiple dependent claims 370 185

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**  
- 20 = x =  
HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**  
4 - 3 = 1 x 210.00 = 210.00  
HP = highest number of independent claims paid for, if greater than 3.

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
- 100 = /50 = (round up to a whole number) x =

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge):

### **SUBMITTED BY**

Signature Robert W. Mulcahy Registration No. 25,436 Telephone (713) 623-4844  
Name (Print/Type) Robert W. Mulcahy Date September 10, 2008

I hereby certify that this paper (along with any paper referred to as being attached hereto) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in accordance with the provisions of 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Dated: 9/10/08 Signature: (Keith M. Tackett)